

Registration Payment Form

2003 CDC Diabetes Translation Conference

Print this page to fill in by hand and include with your registration form and payment made out to Chronic Disease Directors, Tax ID# 73-1328414, to send to

Laura Shelton, CMP
Professional and Scientific Associates
10125 Siegen Lane, Suite C
Baton Rouge, LA 70810

Please indicate method of payment by filling in the blanks below:

Check # _____ is enclosed made payable to Chronic Disease Directors.

Purchase Order # _____ is enclosed and I understand that you will invoice us.

Visa™ or MasterCard™ Credit Card #

Expiration Date _____

Signature required for credit card:
